

**CLAIMS ONLY**

**Application Number**

**Filing Date**

**Annotations**

510-05

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32			1			
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
Total Indep			2			
Total Depend			14			
Total Claims			16			

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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61						
62						
63						
64						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						